

## APPLICATION FOR REVIEW OF SHORT PLATS USING INDIVIDUAL ON-SITE WASTE DISPOSAL SYSTEMS ENVIRONMENTAL HEALTH

800 W. Canal Drive Kennewick, WA 99336 (509) 582-7761, ext. 246 310 7<sup>th</sup> Avenue Prosser, WA 99350 (509) 786-1633

The Benton-Franklin District Health Department provides a review of proposed short plats to determine general compliance with state and local Board of Health rules and regulations. Those persons wishing to secure health department recommendation for a proposed short plat are encouraged to request a preliminary conference. The purpose of such a session shall be to permit the potential applicant to receive unofficial review of his general subdivision proposal before the applicant has made any substantial financial commitments. Such preapplication review shall not be construed to bind either the subdivider or the health department in any respect.

Submittal of a complete application form will initiate the review process. The health department office will notify the applicant of the number and placement of required test pits and percolation tests. Further information may be required to mitigate specific non-conforming situations.

The Health Department short plat review shall include the examination of the formal submittal made to the governing agency. Following this examination, a written recommendation will be forwarded to the planning board with a copy to the short plat applicant.

Be advised that the ensuing recommendations from this office regarding the restrictions and/or limitations of a proposal will be based upon presently known site conditions. However, should additional adverse site conditions be revealed -- on the mentioned lots as well as other lots -- at a later date, the health department reserves the right to impose further restrictions and/or limitations. Approval by the Department of Public Health shall not constitute the granting of, or guarantee the granting of any permit or any subsequent approval required by law.

\* I hereby signify that I have read the above notice. \*

I certify, by signature, that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for purposes of application evaluation, sewage system inspections, or any subsequent inspections.

Applicant Signature	Date
1 ipplicant bignature	Date

(INSTRUCTIONS: Complete Page 2, do not separate)



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Guarantor #\_\_\_\_\_

800 W. Canal Drive Kennewick, WA 99336 (509) 582-7761, ext. 246

Ponds, irrigation canals, and other surface water on and within 150' of the property

3107 7<sup>th</sup> Avenue Prosser, WA 99350 (509) 786-1633

Log #\_\_\_\_\_

ALL ITEMS IN THIS BOX MUST BE COMPLETED TO ACCEPT THIS APPLICATION. IF YOU NEED HELP CONTACT THIS OFFICE.					
NAME OF APPLICANT:					
HOME TELEPHONE: WORK TELEP	PHONE:				
CURRENT MAILING ADDRESS:					
PARCEL NUMBER:					
LEGAL DESCRIPTION OF PARCEL:					
PHYSICAL ADDRESS:					
CONSULTANT:	PHONE				
ADDRESS:					
DIRECTIONS TO THE SITE:					
TOTAL LAND AREA INVOLVED IN SHORT PLAT:			_		
TOTAL OF NUMBER OF LOTS TO BE CREATED:			_		
SIZE IN SQUARE FOOT OR ACRES OF EACH PROPOSED LOT:					
LOT 1: LOT 2: LOT 3:	_ LOT 4:	·			
SLOPE OF THE GROUND WITHIN EACH LOT: LOT 1:% I	LOT 2:	% LOT 3:	% LOT 4:%		
PROPOSED USE OF LAND AFTER PLATTING:					
SINGLE FAMILY HOMES: MULTIFAMILY DWELLINGS	:COM	MERCIAL:			
PROPOSED WATER SUPPLY:					
SINGLE FAMILY WELL: SMALL PUBLIC OR COMMUNI	TY WELL:	MUN	NICIPAL:		
DISTANCE FROM PROPERTY BOUNDARY TO EXISTING PUB	LIC SEWER	LINE:			
ATTACH OR ILLUSTRATE ON THE BACK OF THIS APPLICAT PLAT INCLUDING:	ΓΙΟΝ A SCA	LED PLAN FO	R THE SHORT		
<ul><li>A. Boundary lines (existing and proposed)</li><li>B. Easements</li></ul>					
C. Road and road right of ways					
<ul><li>D. Drainage across the property including irrigation and natural drainage are</li><li>E. Existing homes, buildings, driveways, pools, etc.</li></ul>	eas				
F. Existing wells on the property and within 150' of the property					
G. Existing sewage disposal systems					

Slope of the land

J.

Proposed structure and /or sewage systems

Signature and date on the plan

## **NORTH**

SHORT PLAT OWNER:	DATE:	STAFF:
	3.	4.